NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _08/908994_

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				_____	790	790
Total Claims >20	203/103	20	-20 = _____	X	_____	_____	_____
Independent Claims >3	202/102	3	-3 = _____	X	_____	_____	_____
Mult. Dep Claim Present	204/104				_____		
Surcharge	205/105				_____	130	130
English Translation	139						_____
							920

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ _____ 920 .

Less Filing Fees Submitted - $ _____ 385

BALANCE DUE = $ _____ 535

_____

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 5/97)

PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number
Effective October 1, 1996	

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE				385.00	OR		770.00
TOTAL CLAIMS	minus 20 =	*	x$11=		OR	x$22=	
INDEPENDENT CLAIMS	minus 3 =	*	x40=		OR	x80=	
MULTIPLE DEPENDENT CLAIM PRESENT			+130=		OR	+260=	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT			(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
						RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	*		Minus	**	=	x$11=		OR	x$22=	
Independent	*		Minus	***	=	x40=		OR	x80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT			(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA			OR		
						RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	*		Minus	**	=	x$11=		OR	x$22=	
Independent	*		Minus	***	=	x40=		OR	x80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT			(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA			OR		
						RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	*		Minus	**	=	x$11=		OR	x$22=	
Independent	*		Minus	***	=	x40=		OR	x80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.